

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	MAACS STATEMENT OF SERVICE AND ORDER FOR PAYMENT OF COURT APPOINTED COUNSEL (Page 1)	CASE NO.
Court address		Court telephone no.

INSTRUCTIONS

This form is designed to serve as both the voucher for fees in appellate assigned cases and the case summary attorneys are required to submit to the Michigan Appellate Assigned Counsel System under section 4(6)(c)(ii) of the regulations governing that system. The form should be completed as follows:

1. The attorney, upon completing all work within the scope of the order of appointment (whether that order was for representation in the Court of Appeals or the Supreme Court), should fill out all applicable lines of section I. Apart from basic background information, section I primarily seeks information about the case not readily available from such other sources as appellate court docket entries.
2. The attorney should fill out the fee and expense information in section II completely, then sign and date the declaration. The attorney should leave sections III and IV blank.
3. The attorney should then provide the entire form, with all copies intact, to the trial judge who signed the order of appointment. Counsel may wish to photocopy the form before filing it in case the original is lost.
4. The assigning judge should review the case summary, indicate in section III the fees and expenses actually being approved, and sign and date the form.
5. The court should keep the white copy, return the pink copy to the attorney, and forward the yellow copy to:

Michigan Appellate Assigned Counsel System
1375 S. Washington
Suite 300
Lansing, MI 48913

I. CASE INFORMATION		1. Attorney name		2. Bar no.		3. Telephone no.	
4. Address							
5. Case name				6. Lower court no.		7. Court of Appeals no.	
8. Supreme Court no.							
9. Date appointed		10. County		11. Judge		12. Case type: <input type="checkbox"/> Plea <input type="checkbox"/> Bench <input type="checkbox"/> Jury <input type="checkbox"/> Prob. viol.	
						13. Transcript length (all transcripts) pp.	
14. OFFENSE(S) Include MCL cite SENTENCES							
15. Client Visit:		Date		Location		Client no.	
16. Trial court motion/type:				Date		Result	
17. Date of stipulation to dismiss				18. Date of motion to withdraw as counsel		19. Resentencing/Evidentiary hearing: Date	
						Result	
20. Court of Appeals oral argument: <input type="checkbox"/> Not held <input type="checkbox"/> Held				If held, date and location		21. Disposition: Date	
						Result	

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTYMAACS STATEMENT OF SERVICE AND
ORDER FOR PAYMENT OF COURT
APPOINTED COUNSEL (Page 2)

CASE NO.

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II. FEE INFORMATION**SERVICES RENDERED** Itemize on additional sheet if needed**HOURS**

1. Record review
(transcript, court file, PSR/SIR)
2. Client visit (including travel)
3. Other client contact.
Trial court motions (prepare, appear):
4. _____ new trial
5. _____ withdraw plea
6. _____ resentencing.
7. Evidentiary hearing
(prepare, appear)
8. Resentencing (prepare, appear)
9. COA leave application.
10. COA motion to remand
11. COA brief on appeal (research, write)
12. COA oral argument
(prepare, appear, travel)
13. COA motion for rehearing
14. Reply to prosecutor's S Ct appl.
15. S Ct leave application
16. S Ct brief on leave granted
17. S Ct oral argument
18. Administrative*
19. Other
20. **TOTAL HOURS:**

*e.g. correspondence, filing claim, procuring records and transcripts,
housekeeping motions, transmitting records to client or substitute coun-
sel.**ACTUAL EXPENSES**

21. Client visit _____ miles x _____ ¢/mile \$ _____
22. Oral argument _____ miles x _____ ¢/mile \$ _____
23. Photocopying _____ pages x _____ ¢/page \$ _____
24. Postage \$ _____
25. Phone calls \$ _____
26. Other (itemize) \$ _____
27. **TOTAL EXPENSES:** \$ _____

REQUEST FOR PAYMENT

28. Fee requested \$ _____
29. Expenses requested \$ _____

30. **TOTAL AMOUNT REQUESTED** \$ _____**BASIS OF REQUEST**

31. ☐ Fee schedule
32. ☐ Hourly
33. Rate/hour \$ _____
34. Maximum allowed (if applicable) \$ _____
35. ☐ Motion for extraordinary fees (attach copy)

I declare that I was appointed by the court to serve as appellate counsel for the named defendant, and that above is a true statement of uncompensated services rendered and expenses incurred by me in the conduct of that appeal to the best of my information, knowledge, and belief.

Date

Attorney signature

III. ORDER FOR PAYMENT

I certify that the above attorney was appointed to represent the named defendant, and the service was rendered.

IT IS ORDERED the City/County of _____ pay the above attorney \$ _____ in fees and \$ _____ in expenses, for a total of \$ _____ in compensation for all time and expense in connection with this case.

Date

Judge

Bar no.

IV. COURT USE ONLY